

## DRUG STRATEGY – REDUCING DEMAND MANAGING DRUG MISUSING OFFENDERS – UPDATE Bulletin 2 – 23 October 2012

Welcome to this second bulletin in the series we are issuing to keep you informed of work related to the management of drug misusing offenders, in line with the “*Reducing Demand*” chapter of the Drug Strategy.

The Drug Strategy 2010 marked a fundamental shift in the Government’s approach and placed recovery from drugs at the centre of the Government’s commitment to tackling drug use and its associated problems. It also emphasised the *local* response that is required to ensure that full recovery can be achieved. In its review of the Strategy in 2012, the Government committed to supporting local partners in the continued provision of services for drug misusing offenders in the transition period before Police and Crime Commissioners (PCCs) take office.

This edition contains information on the PCC public awareness campaign, updates on drug driving and payment by results, information on the Integrated Offender Management Conference 2012, an article from the Mayor’s Office for Policing and Crime in London, information on public health funding in 2013/14 and the latest drug treatment figures from the National Treatment Agency.

### PCCs – public awareness campaign

An advertising campaign to increase public awareness of the role and benefits of elected PCCs was launched on 6 October by the Home Office. The first PCC elections will take place on 15 November and are at the heart of the Government’s efforts to bring local accountability to policing.

The advertising campaign will raise awareness and understanding of the new role among the British public and let them know that they will shortly have an opportunity to vote. Resources and assets used in the Home Office’s PCC marketing campaign, including posters, digital display and radio adverts are available for download [here](#).

### Update on drug driving

The Government is taking through Parliament a new offence of *driving with specified controlled drugs (above specified limits) in the body*. This would involve an amendment to the Road Traffic Act 1988 and follows an independent review of drink and drug driving law (the North Review) in 2010 which recommended that a new specified limit offence should be developed.

The new offence will make it easier for the police to take action against drug drivers, by removing the need for the police to prove impairment. It is expected that the new offence will come into effect in 2014. The drugs to be covered by the offence and the specified limits for

each will be determined following advice from an expert panel, formed earlier this year by the Department for Transport (DfT).

The identification by the police of drug drivers will be aided by the availability of new oral fluid screening devices, to be 'type-approved' by the Home Office. The aim is that station-based drug driving devices will be type-approved by the end of 2012. These devices will assist the police in applying the existing offence of *driving whilst impaired with drink or drugs*, although a positive result alone will not prove impairment. In addition, roadside drug screening devices are being tested with the intention that these will be type-approved in time for the new offence to come into effect. The specification for these devices will be informed by the recommendations of the technical panel on the drugs covered and specified limits.

In both cases, it will be for individual police forces to decide whether they wish to purchase the necessary equipment.

During the current financial year it is possible that police forces conducting testing on arrest as part of the Drug Interventions Programme may also wish to screen suspected drug drivers in police custody (under the current Road Traffic Act impairment offence). Beyond April 2013, when local areas will be deciding whether to continue drug testing on arrest in custody, they will also be considering whether to procure roadside screening devices to test individuals under the new offence (when those devices become available).

These two approaches have different aims; testing suspected drug drivers is aimed at improving road safety while testing misusing offenders helps identify individuals who would benefit from referral to treatment and recovery services. It will be important to distinguish between these aims and the different tools and equipment available to operational staff.

Further work is continuing to identify the synergies between these two approaches, including opportunities for a single device to meet multiple requirements. There may also be potential for the police to engage drug drivers who have been identified by a positive test (for heroin and/or cocaine/crack) in drug treatment, through existing mechanisms, with a view to reducing their likelihood of re-offending.

## Integrated Offender Management Conference 2012

As set out in the last Bulletin, the 2012 Integrated Offender Management conference took place on 3 and 4 July. A conference report, which includes a summary of the addresses given by the speakers at the conference, is now available on the Home Office website [here](#).

## Update on Payment by Results

As set out in the last bulletin, eight local areas are taking forward innovative Payment by Results (PbR) models for **drug and alcohol recovery**, with support from central Government (including reports on their outcome metrics from centrally matched data systems). A number of other local partnerships are now also adopting or looking to adopt PbR approaches for drug and alcohol recovery, and many may wish to adopt an offending outcome.

To enable this, over the next few months we will distribute PbR offending data to each Drug and Alcohol Action Team, including a tailor-made baseline. We will also be running workshops on how to develop a PbR model for drug and alcohol recovery: these will focus on the specific issues for commissioners to consider when developing a PbR model, including risks, and explain both the data and the tools available to aid commissioners in setting tariffs against outcomes. The first workshop was held on 12 October, but we know

demand is high so we are planning additional workshops and will announce dates for these soon. If you are already implementing your own PBR model for drug and alcohol recovery and would like some specific information on the offending outcome and how you can use it then please email [Gareth Williams](#) at the Home Office.

More information on the pilots, including a Lessons Learnt document on how we designed the outcomes is available on the [Reducing Reoffending](#) section of the Home Office website.

## **Views on the Drug Interventions Programme from the Mayor's Office for Policing and Crime**

Roger Hadwen, Policy and Delivery Officer at the Mayor's Office for Policing and Crime (MOPAC) has given us MOPAC's view on the Drug Interventions Programme (DIP). MOPAC came into being on 16 January 2012, some ten months ahead of PCCs in the rest of England and Wales. In April 2012, MOPAC inherited the Home Office element of DIP funding, which MOPAC agreed to passport to grant recipients for 2012-13. To find out more, visit the Reducing Reoffending pages of the Home Office website [here](#).

## **Public Health Funding – 2013/14**

With the Department of Health's funding for the DIP coming to an end after 31 March 2013, the department has been considering how best to distribute resources between local authorities for their new public health responsibilities from April 2013. [Healthy Lives, Healthy People: Update on Public Health Funding](#) was published on 14 June, and sets out the interim recommendations of the Advisory Committee on Resource Allocation (ACRA) on the formula for the preferred distribution of resources between local authorities for their new public health responsibilities from April 2013; this will include drug treatment services. Although local authorities will receive a single grant that they must prioritise, the formula for the preferred distribution is built up from three components.

ACRA recommends that the component for drug services (currently commissioned by Drug Action Teams through the Pooled Treatment Budget (PTB)) should continue to follow the approach currently used for the PTB, which has been praised as effective by the National Audit Office. The current PTB is based on both a need and activity component, and this will continue in the public health ring-fence model. The formula used for the 2012/13 allocation of the PTB also included an element that was dependent on the number of people successfully completing treatment. Data on the number of people successfully completing treatment were not available in time for ACRA's interim recommendations, but will be included in a further iteration of the public health ring-fence model from 2013. This means that if fewer people are treated or there is a reduction in positive outcomes, the formula for subsequent years will be reduced.

In effect, this means that from April 2013, when DIP funding ceases, the formula for the ring-fenced grant to local authorities will include a clear element of support for drug treatment.

## **Latest drug treatment figures from the National Treatment Agency (NTA)**

Record numbers of individuals in England are overcoming addiction, according to the latest figures released by the NTA. Nearly 30,000 (29,855) successfully completed their treatment in 2011-12, up from 27,969 the previous year and almost three times the level seven years ago (11,208). The data also reveals that nearly one third of users in the last seven years successfully completed their treatment and did not return, which compares favourably to international recovery rates.

The number of young adults needing treatment for heroin or crack has plummeted to the lowest recorded level, and the existing heroin using population is ageing, making the over-40s the only group to increase their numbers in treatment. The number of new heroin addicts has sharply reduced: 9,249 started treatment for heroin addiction in 2011-12 for the first time, compared to 47,709 in 2005-06.

The latest drug trends have been analysed in a report '*Drug treatment 2012: progress made, challenges ahead*' reflecting long-term drug use and addiction trends amongst adults in England, as well as presenting the annual figures. The report says that:

Of the 366,217 individuals who have received treatment in the last seven years, 29% (104,879) have completed treatment successfully and not returned. The prospects for people starting treatment today are better: between 2008-11, 41% successfully completed and did not return, compared to 27% in 2005-08.

The over-40s are now the only age group whose treatment numbers are going up: just over 16,187 started a new course of treatment in 2011-12 and over-40s now make up almost a third of the whole treatment population.

Heroin remains the biggest problem for those in treatment: out of the total 197,110 adults in treatment, 96,343 were receiving help for heroin dependency and a further 63,199 for heroin and crack, accounting for 81% (159,542) of those in treatment. Cannabis accounts for 8% (15,194) and powder cocaine for 5% (9,640).

The report and commentary can be found on the [NTA website](#).

## Your questions answered

We have been contacted by a number of local areas asking various questions ranging from the value of DIP approaches through to future funding arrangements for drug treatment in local areas. We have answered the most frequently asked questions below.

Q: *What evidence is there of the impact of DIP on crime, especially serious acquisitive crime?*

A: There is a wealth of research available which looks at the links between drug use, and treatment, and the impact on crime. Back in 2008, the Home Office conducted a rapid round-up of impact information – this is available on the archived Home Office website [here](#).

More recently in May this year, the National Treatment Agency (NTA) published a document called "[Estimating the Crime Reduction Benefits of Drug Treatment and Recovery](#)". Their document "[Why invest?](#)" which was published in January 2012, also provides some key facts and figures on the reasons for investment in drug treatment, including the impact on crime.

Q: *What has been the impact of DIP on the number of people accessing drug treatment?*

A: DIP was set up to provide a pathway into treatment and recovery for drug using offenders at the earliest stages of their entry into the criminal justice system and to link with other agencies in the criminal justice system to ensure continuation of treatment and recovery.

From the latest stats available (11/12):

- **6,000** individuals each month were drug tested in custody for the first time to identify those who drug using was linked to their offending
- **400** DIP Conditional Cautions diverted users away from court and into treatment and recovery
- **6,000** individuals were given Restriction on Bail, ensuring drug users have contact with a drugs worker and access to treatment and recovery services before a court disposal
- **17,000** individuals engaged voluntarily with drug workers for support and treatment for drug use
- **45,000** new clients in the community agreed they needed help for their drug misuse and offending problems
- **14,000** prisoners were picked up on release and managed into recovery and rehabilitation
- **29% of new** presentations into treatment were directly referred from the criminal justice system with 13% of all referrals directly through DIP.

*Q: How will local partnerships monitor their DIP referrals into treatment and recovery services??*

A: The DIP Quarterly Summary Report and the Partnership / Police Area DIP Report are available on the National Drug Treatment Monitoring System (NDTMS). The latter is a new report which displays DIP referral information at a police force level. Guidance and a self assessment toolkit which can be used by partnerships to explore what the data means is also available on the [NDTMS website](#) and on [DIRweb](#).

*Q: When will PCCs have to make funding decisions for 2013-14?*

A: PCCs will be working up their police and crime plans over their first months in office. In setting their budget, many PCCs may want to make early decisions. Although the PCC is not required by the Regulations to announce their proposed precept until 1 February, they may choose to announce their proposal before this date.

*Q: What grant streams are stopping?*

A: In 2013-14 PCCs will receive money from a Community Safety Fund (CSF). PCCs can use this funding to invest in crime, drugs and community safety activities and programmes.

Most existing grant streams have communicated their own arrangements about 2013-14 to their partners – but this information will be covered in a statement about funding arrangements due to be issued by the Home Office shortly.

*Q: When will CSF allocations be notified?*

A: The exact level of funding for the Community Safety Fund, and allocations to PCCs will be communicated to areas in the Autumn.

*Q: What is the future for local Drug and Alcohol Action Teams (DAATs)?*

A: All local authorities are expected to have a Health and Wellbeing Board (HWB) fully operational by April 2013 and this year has seen the majority of local authorities setting up shadow boards. In designing these new arrangements, local authorities have also been thinking through how existing partnership bodies such as DAATs, adult and children's

safeguarding boards and community safety partnerships will be positioned in relation to the HWB.

Respondents to an earlier survey of local authority shadow boards by the [Kings Fund](#) reported wide variations in their governance arrangements with some using HWBs as the overarching body to which other partnerships reported. Ultimately, it will be a matter for local determination how planning and commissioning structures for health and public health services will be structured.

## Contact us

We will send out regular bulletins throughout the remainder of the transition year to keep you informed of what you need to know.

We would very much welcome your feedback, comments and questions throughout this project, particularly on what resources or support you would find useful from us during this transition year.

You can contact us by emailing [DIPFutures@homeoffice.gsi.gov.uk](mailto:DIPFutures@homeoffice.gsi.gov.uk).

Where we feel that you make a comment or ask a question that is of general interest, we will publish the question anonymously in the latest bulletin together with our reply.